Understanding the impact on your business of centralised services

Prof Erika Denton, National Clinical Director for Diagnostics

9th May 2013
Radiology Managers Conference
• Definitions
• New NHS structure
• Specialised commissioning
• Networked services
• Working with commissioners
• Why does this matter for imaging?
G.P Commissioning

It's not new!

1991  G.P Fundholding
2005  Practice Based Commissioning

but both voluntary
<table>
<thead>
<tr>
<th>CCG</th>
<th>Clinical Commissioning Group, 211</th>
<th>Federation of G.P practices Expected seamless transfer of services/responsibilities from PCTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSU</td>
<td>Commissioning Support Unit, 23</td>
<td>Train CCGs</td>
</tr>
<tr>
<td>NCB/NHS CB</td>
<td>National Health Service Commissioning Board</td>
<td>Act as host for CCGs and CSUs</td>
</tr>
<tr>
<td>LMC</td>
<td>Local Medical Committee</td>
<td>CCG need to engage with existing LMCs</td>
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</tbody>
</table>
| LAT          | Local Area Team, 27                                                                               | • Hold the budget for specialist services  
• Responsible for direct commissioning of GP, dental, pharmacy and (some) optical services |
| LETB         | Local Education & Training Board                                                                 | Workforce Deaneries                                                                           |
| HEE          | Health Education England                                                                          | Special Health Authority responsible for authorisation of LETBs                               |
| GPPO         | GP Provider Organisation                                                                           | NHS or Private Providers                                                                      |
The New Structure for the NHS
The health & care system from April 2013
CCG commissioning must support delivery of the five domains:

• Domain 1  To prevent people from dying prematurely
• Domain 2  To enhance the quality of life for people with long term conditions
• Domain 3  To help people recover from episodes of ill health or following injury
• Domain 4  To ensure that people have a positive experience of care
• Domain 5  To treat and care for people in a safe environment and protect them from avoidable harm
Commissioning:  
the process of ensuring that the health and care services provided effectively meets the needs of the population.

It also:  
Ensures the rights and pledges within the NHS Constitution are met  
Ensures the safety and quality of services provided  
Gets the best value for money  
Delivers improved outcomes and the other commitments within the Government’s Mandate
Sounds simple for a CCG....?

100s of single provider contracts or individual patient placements <£100k

Weight management

Depression

Rehab

Comorbidities

10 - 30 smaller inpatient and community contracts c. £1 million

Dementia

Maternity

Long Term conditions

1-3 large acute contracts, value >£50 million

Cataracts

Neurology

Respiratory

Trauma

Cancer

A&E

General surgery

Disadvantaged groups

Dementia

Neurology

Weight management

Cataracts

A&E

General surgery

Disadvantaged groups
Specialised Commissioning

- Transition to 4 SHA clusters and National Specialised Commissioning Team
- Input to NHS Commissioning Board
- 5 Service Specific Clinical Reference Groups
• Specialised services, a few specialist centres, popn >1m
• For rare & v rare conditions previously commissioned at national & regional level
• Directly commissioned by NHSE
• The Specialised Services National Definitions Set (SSNDS) covers relevant conditions & treatments
• SSNDS designed to form solid basis for commissioning specialised services by NHSE
• Standardised structure for all CRGs
# Specialised Services Transition Clinical Assurance

## Service Specific Clinical Reference Groups

<table>
<thead>
<tr>
<th>Mentally health</th>
<th>Infection, cancer, immunity and haematology</th>
<th>Traumatic injury, orthopaedics, head and neck and rehabilitation</th>
<th>Digestion, renal and hepatobiliary and circulatory system</th>
<th>Women and children’s health, congenital and inherited diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Specialised Services for Eating Disorders</td>
<td>- Radiotherapy</td>
<td>- Complex Disability Equipment</td>
<td>- Cystic Fibrosis</td>
<td>- Medical Genetics</td>
</tr>
<tr>
<td>- Forensic and Secure Mental Health</td>
<td>- PET-CT</td>
<td>- Brain Injury Rehabilitation</td>
<td>- Hepatobiliary and Pancreas</td>
<td>- Paediatric Surgery</td>
</tr>
<tr>
<td>- Specialised Mental Health Services for the Deaf</td>
<td>- Specialised Cancer</td>
<td>- Adult Neurosurgery</td>
<td>- Specialised Medicine</td>
<td>- Paediatric Medicine</td>
</tr>
<tr>
<td>- Gender Identity Disorder</td>
<td>- Blood &amp; Marrow Transplantation</td>
<td>- Neurosciences</td>
<td>- Vascular Disease</td>
<td>- Paediatric Cancer Services</td>
</tr>
<tr>
<td>- Perinatal Mental Health</td>
<td>- Haemophilia and other bleeding disorders</td>
<td>- Stereotactic Radiosurgery</td>
<td>- Morbid Obesity Surgery</td>
<td>- Paediatric Cardiac Services</td>
</tr>
<tr>
<td>- Tier 4 Child &amp; Adolescent Mental Health Services</td>
<td>- HIV</td>
<td>- Burn Care</td>
<td>- Renal Dialysis</td>
<td>- Metabolic disorders</td>
</tr>
<tr>
<td></td>
<td>- Infectious Diseases</td>
<td>- Cleft Lip &amp; Palate</td>
<td>- Renal Transplant</td>
<td>- Paediatric Intensive Care</td>
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<tr>
<td></td>
<td>- Haemoglobinopathies</td>
<td>- Specialised Pain</td>
<td>- Specialised Colorectal Services</td>
<td>- Neonatal Critical Care</td>
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<tr>
<td></td>
<td>- Immunology and Allergy Services</td>
<td>- Specialised Ear Surgery</td>
<td>- Complex Invasive Cardiology</td>
<td>- Paediatric Neurosciences</td>
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<tr>
<td></td>
<td></td>
<td>- Specialised Orthopaedic Services</td>
<td>- Cardiac Surgery</td>
<td>- Complex Gynaecological Services</td>
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<tr>
<td></td>
<td></td>
<td>- Hyperbaric Oxygen Therapy</td>
<td>- Pulmonary Hypertension</td>
<td>- Specialised Maternity Services</td>
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<tr>
<td></td>
<td></td>
<td>- Specialised Ophthalmology Services</td>
<td></td>
<td>- Fetal Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Spinal Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Complex Spinal Surgery</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Major Trauma</td>
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Imaging and Specialised Commissioning

- Its in almost all!
- PETCT since 2011
- from April 2013,
  - IR, chair Duncan Ettles
  - Specialised Imaging, to include some paeds, chair Paras Dalal

Imaging teams can & should get involved....
Clinical Members from each senate area...

A Clinical Reference Group (CRG) is formed from clinical membership from each senate area. Two additional members for London.

Chairs appointed for each CRG...

A clinical chair is appointed for each clinical reference group who is responsible for enabling the meaningful involvement of all members

National Clinical Directors...

The National Clinical Directors will co-chair the clinical reference group related to their area of remit
**Affiliated organisations** who play a key part in the coordination and assurance of training and professional leadership can hold up to four places on the CRG membership. For example Royal Colleges and Specialty.

**Patient and carers**

Four PPE members bringing patient and carer experience to the CRG. They may be individuals or part of a patient organisation.

**Public Health / Pharmacy**

The Area Team Public Health Lead and Pharmacist will be allocated to the CRGs on an annual basis depending on the work plan.

**Commissioner**

Accountable lead commissioner for each CRG.
The 'Products'

Service Specifications

Quality Measures

Commissioning Policy

Innovation Portfolio

Information and Pricing

Productivity

CQUIN

Scope
# The Big Goals

<table>
<thead>
<tr>
<th>Devolved leadership</th>
<th>to 2000 clinicians and patients working to a common framework</th>
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<td>All inclusive stakeholder identification and participation</td>
<td>in service development (pathfinder groups with CCGs)</td>
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<tr>
<td>Service specifications</td>
<td>across every service we commission, updated annually</td>
</tr>
<tr>
<td>Service specific quality measures and dashboards</td>
<td>across every service we commission</td>
</tr>
<tr>
<td>‘Mandatory’ diffusion</td>
<td>through policy of innovation for drugs, devices, and pathways of care within a 12 week timeframe</td>
</tr>
<tr>
<td>A service specific innovation portfolio, an innovation fund and commissioning through evaluation</td>
<td></td>
</tr>
<tr>
<td>A productivity workstream with focus on lean systems and disruptive innovation to release money to invest</td>
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Networks: Strategic Clinical

Bring together 1°, 2°, 3°, social care, 3rd sector & patients as pathways complex and cross boundaries

Hosted in the area teams as large scale change required

- Cancer
- Maternity & children’s services
- Cardiovascular disease (including cardiac, stroke, diabetes and renal disease)
- Mental health, dementia and neurological conditions
Networks: Operational Delivery (ODNs)

To work closely with strategic clinical networks, all providers, commissioners & patients

- Neonatal ITU
- Adult critical care
- Burns
- Trauma
- Under consideration: adult congenital heart Sx
  paediatric congenital heart Sx
  paediatric neuroscience
ODNs

- 12 areas aligned to clinical senates geographically
- Each to have a named senate as ‘host’
- Transitional £s via specialised services CQUIN payments
- In time national tariff for £s
- Collaborate with: SCNs
  academic health science networks
  senates
  HEE
Why does this matter so much for imaging?
Projected Rate Of Population Growth
By Age Last Birthday

The vast majority of increase in population over the next 6 years is predicted to be in the 60+ age bracket.

(Source: Government’s actuarial department).
Causes Of Death, over 60s

80% of death of the over 60s attributed to 3 underlying causes
Magnetic Resonance Imaging exams, Per 1000 population
2010 (or nearest year)

1 – Data refer to exams in hospital only.

2 – Data refer to exams outside hospital only.

Computed Tomography exams, Per 1000 population
2010 (or nearest year)

1 – Data refer to exams in hospital only.

2 – Data refer to exams outside hospital only.
MRI >6 week waits April 06 – Dec 12

MRI

- 5,000
- 10,000
- 15,000
- 20,000
- 25,000
- 30,000
- 35,000
- 40,000
- 45,000
- 50,000

APR 06
JULY 06
OCT 06
JAN 07
APR 07
JULY 07
OCT 07
JAN 08
APR 08
JULY 08
OCT 08
JAN 09
APR 09
JULY 09
OCT 09
JAN 10
APR 10
JULY 10
OCT 10
JAN 11
APR 11
JUL 11
OCT 11
JAN 12
APR 12
JUL 12
OCT 12
CT >6 week waits April 06 – Dec12
NOU >6 week waits April 06 – Dec 12
**MRI**

**KEY:** Blue = Activity  
Green = Number of patients waiting
KEY: Blue = Activity

Green = Number of patients waiting
Life in Radiology?
Just do more!!
1 – Data include equipment in hospital only.
Open 24 hours?
Norfolk & Norwich University Hospital
NHS Foundation Trust
Why should we change?

- ↓ cost & make best use of resources
- ↑ demand vs capacity
- ↓ length of pathways
- ↓ waiting
- Patients want us to
- Commissioning
Tools to effect change

- Accurate data: activity, capacity, reporting times
- Communication with commissioners → £!
- Communication within trusts: clinical & managerial → £!
- Guidelines: NICE, collegiate etc
- Policy drivers: Stroke, Cardiac, Cancer, Paediatric
the Big Picture

one cardiac patient . . . 10-day hospital stay . . .

.......six departments . . . 105 healthcare professionals